

PROGRAM VOLUNTEER APPLICATION

Please Print All Information Date ____/____/____

Name _____ DOB ____/____/____ SS# ____/____/____

Address _____ Zip Code _____

Please only list the numbers where we may contact openly

Home Phone ____/____/____ Work Phone ____/____/____ Other Phone ____/____/____

Email _____

Emergency Contact _____ Phone ____/____/____

Bilingual? Yes No Spanish Other _____ ▽ Read ▽ Speak ▽ Write

How do you identify yourself? ___ Gay/Lesbian ___ Bi ___ Transgender ___ Heterosexual

Are you willing to identify yourself as such to program participants? Yes No

If your answer is heterosexual, what is your connection to the G/L/B/T community? _____

Do you have reliable transportation? Yes No

Do you have a multi-line phone at home? Yes No Do you have a cell phone? Yes No

Volunteer Experience

Please list all present or past volunteer experience (add additional pages if needed.)

Program/Agency	Position	Supervisor	Phone Number

Describe your education; training; skills; talents _____

When can you volunteer? ▽ Weekdays ▽ Evenings ▽ Weekends

How many hours would you like to volunteer? Per month____ Per week____ Per day____

Which Volunteer opportunities(s) are you interested in? (Check all that apply)

General:

- ▽ Clerical Support
- ▽ Newsletter
- ▽ Volunteer Recruitment
- ▽ Other: _____
- ▽ Fund Raising
- ▽ Speaker's Bureau – topics or program: _____
- ▽ Website

GLSH/Anti-Violence:

- ∇ Hotline
- ∇ Face-to-Face Crisis Intervention
- for sexual assault, domestic violence or bias/hate crimes survivors:
- ∇ Hospital Accompaniment
- ∇ Police Accompaniment
- ∇ Court Accompaniment

H.A.T.C.H.:

If you are interested in being a Youth Program Facilitator, which schedule would be best for you? Please write a 1 for first choice, a 2 for second, etc.

- _____ 1st, 3rd and 5th Friday Nights
- _____ 1st, 3rd and 5th Sunday Nights
- _____ 2nd and 4th Friday Nights
- _____ 2nd and 4th Sunday Nights

- ∇ H.A.T.C.H. Prom – June
- ∇ H.A.T.C.H. Float in Pride Parade - June
- ∇ H.A.T.C.H. Awards Banquet – October
- ∇ H.A.T.C.H. Radio Show

1. Have you been convicted of or charged with a felony the disposition of which was other than acquittal or dismissal?	YES	NO
2. Have you ever had any licensing board or professional ethics body ever require you to surrender your license or found you guilty of professional misconduct, unprofessional conduct, incompetence or negligence?	YES	NO
3. Have you ever had your professional license, professional liability insurance or bond denied, revoked, fail to be renewed, or suspended?	YES	NO
4. Are there any charges or complaints pending against you by any licensing board or professional ethics body for professional misconduct, unprofessional conduct, incompetence or neglect?	YES	NO
5. Are you aware of any circumstances that may result in any claim or suit being made against you regarding your past or current professional conduct?	YES	NO
6. Has any professional liability claim or suit ever been made against you for your professional conduct?	YES	NO

If you answered yes to any of the previous six questions, please provide a detailed explanation on a separate page.

References - Please list three people other than relatives:

Name	Address	Phone(work/home)	Relationship
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How did you learn about our program and volunteer opportunities? _____
